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J. D. DUNSHEE, M.D., Director

Weekly Bulletin

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Mortality in California

* * *

The following discussion of mortality is from the biennial report of the Division of Vital Statistics:

The number of deaths registered during the calendar years 1932-1933 is 135,614 as against 133,691 during the preceding biennium. For individual years the numbers are: 1933, 67,992; 1932, 67,622; 1931, 67,513; and 1930, 66,178. Corresponding rates are 11.2, 11.3, 11.5 and 11.5 deaths per 1000 population. Deaths have occurred in every county of the State in 1932, but in Alpine County with its 241 estimated population, we find no deaths in 1933.

Deaths by race reveal the expected distribution. Of course whites predominate, with Mexicans second and negroes third. Table H gives the deaths by racial groups, both as to numbers and per cent for the two calendar years covered by this biennial report.

Table H—Deaths by Race, 1932 and 1933

	1932		1933	
	Number	Per cent	Number	Per cent
All races	67,622		67,992	
White	59,205	87.6	59,803	88.0
Negro	1,310	1.9	1,367	2.0
Indian	334	0.5	314	0.5
Chinese	633	0.9	590	0.9
Japanese	696	1.0	693	1.0
Mexican	5,014	7.5	4,779	7.0
Other	430	0.6	446	0.6

When it comes to an analysis of deaths by the nativity of the deceased, we find more deaths of foreign born than there are deaths among persons born in California. This holds true for every year, and comparisons are given in Table I for the past four years.

Table I—Deaths by Nativity. 1930–1934, Inclusive

	1930	1931	1932	1933
Total	66,178	67,513	67,622	67,992
California	15,517	15,321	14,707	14,935
Other United States	30,806	31,896	32,720	33,135
Foreign born	18,625	19,062	19,005	18,760
Unknown	1,230	1,234	1,190	1,162

When we compare deaths in different age groups we find that those one year of age are responsible for approximately 6.5 per cent of the total deaths. The percentage then drops in the age groups 1-4 and 5-14 and begins to rise steadily until those who die at age 65 or over contribute about 40 per cent of the deaths. There is also a difference between the two biennia. In 1930-1931 the lower age groups contribute a larger proportion of deaths than in the years 1932 and 1933, while in the latter period, the older age groups are responsible for more. Table J gives these figures in detail, with the percentage of total population in each age group in 1930.

Table J—Deaths by Age Groups, by Two Year Periods 1928–1933

Age group	Two year period 1928 and 1929		Two year period 1930 and 1931		Two year period 1932 and 1933		Population, 1930 Federal census	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
	131,612	100.0	133,691	100.0	135,614	100.0	5,677,251	100.0
Under 1	10,359	7.9	9,554	7.1	8,147	6.0	76,319	1.3
1-4	3,859	2.9	3,647	2.7	2,687	2.0	329,048	5.8
5-14	3,243	2.5	3,161	2.4	2,774	2.0	889,520	15.7
15-24	6,435	4.9	6,084	4.5	5,382	4.0	903,811	15.9
25-34	8,876	6.7	8,240	6.2	7,895	5.8	978,693	17.3
35-44	12,335	9.4	11,781	8.8	11,611	8.6	932,119	16.4
45-54	16,290	12.4	17,137	12.8	17,485	12.9	725,026	12.8
55-64	20,707	15.7	21,757	16.3	23,029	17.0	462,851	8.2
65 and over	49,508	37.6	52,330	39.2	56,604	41.7	366,125	6.4

DISEASES OF THE CIRCULATORY SYSTEM

Deaths from these causes continue to increase through this biennium as through previous periods.

As a matter of fact there has been a steady and almost uninterrupted increase among these causes since State registration was established, as shown in Table K.

Table K—Deaths from Diseases of the Circulatory System 1906–1933, Inclusive

Year	Number	Rate per 100,000
1906	3,766	185.1
1907	4,362	205.2
1908	4,540	204.9
1909	4,966	215.4
1910	5,087	212.0
1911	5,516	219.9
1912	6,376	243.7
1913	6,281	230.6
1914	6,397	225.8
1915	7,251	246.6
1916	8,040	263.7
1917	7,483	237.0
1918	7,020	215.0
1919	7,773	230.4
1920	8,013	226.6
1921	8,370	222.9
1922	9,204	231.6
1923	9,632	229.7
1924	10,572	239.6
1925	11,262	243.2
1926	12,254	252.6
1927	13,571	267.7
1928	14,815	280.1
1929	15,620	283.6
1930	16,176	282.2
1931	17,027	291.2
1932	17,681	297.3
1933	18,647	307.6

Deaths from circulatory system diseases have constituted an increasingly greater percentage of total deaths over the period of years covered. In 1906 they make up 12.8 per cent of the total deaths; in 1910, 15.7 per cent; in 1915, 18.6 per cent and in 1920, 17.0 per cent. Since 1920 the percentage of total deaths has steadily increased as shown in Table L, until during the year 1933, when 27.4 per cent are due to circulatory system diseases.

Table L—Percentage of Total Death Due to Circulatory System Diseases, 1920–1933, Inclusive

Year	Total deaths	Circulatory system disease deaths	Per cent
1920	47,124	8,013	17.0
1921	47,379	8,370	17.7
1922	51,968	9,204	17.7
1923	54,416	9,632	17.7
1924	56,751	10,572	18.6
1925	56,707	11,262	19.8
1926	58,742	12,254	20.9
1927	61,430	13,571	22.1
1928	66,249	14,815	22.4
1929	65,363	15,620	23.9
1930	66,178	16,176	24.4
1931	67,513	17,027	25.2
1932	67,622	17,681	26.1
1933	67,992	18,647	27.4

During the last three years deaths from pericarditis, endocarditis and angina pectoris have shown a decrease, while those from myocarditis, diseases of the coronary arteries, aneurysm (except of the heart) and arterio sclerosis have all shown increased numbers. This may indicate a tendency which is being shown, or it may be simply a fluctuation, especially among those cases where there is a decrease. Comparable figures are given for each of the causes under this cause group in Table M.

Table M—Individual Causes of Death from Circulatory System Diseases, California 1931–1933, Inclusive

Int'l list Number	Cause of death	1931	1932	1933
	Circulatory system diseases	17,027	17,681	18,647
90	Pericarditis	65	52	45
91A	Endocarditis, specified acute	267	236	220
91B	Endocarditis, unspecified (45 yrs. and under)	9	-----	-----
92	Chronic endocarditis	2,901	2,820	2,772
93A-B	Acute myocarditis	250	254	262
93C-D	Chronic myocarditis	8,428	8,806	8,856
94A	Angina pectoris	1,126	1,060	1,026
94B	Diseases of the coronary arteries	1,263	1,590	2,292
95	Other diseases of the heart	895	859	1,132
96	Aneurysm (except of heart)	199	260	304
97	Arteriosclerosis	1,461	1,605	1,600
98	Gangrene	21	14	14
99	Other diseases of the arteries	103	77	78
100	Diseases of the veins	25	37	32
101	Diseases of the lymphatic system	5	9	5
102	Idiopathic diseases of the blood pressure	4	1	4
103	Other diseases of the circulatory system	5	1	5

Analysis of deaths from circulatory system diseases by age groups shows no startling change from the previous biennium. The younger age groups show comparatively few deaths, but they increase very heavily after age forty-five. This is to be expected, since this group is one of the chief factors in causing the death of elderly people. Detailed analysis of circulatory system deaths by age group is given in Table N.

Table N—Deaths from Diseases of the Circulatory System by Age Groups, California 1930–1933, Inclusive

	1930	1931	1932	1933
All ages	16,176	17,027	17,681	18,647
Under one year	10	15	2	-----
1–4	15	14	6	14
5–14	72	58	57	56
15–24	150	174	163	133
25–34	297	311	278	292
35–44	798	809	761	793
45–54	1,739	1,873	1,870	2,030
55–64	3,121	3,279	3,422	3,715
65 and over	9,974	10,494	11,122	11,614

CANCER

Cancer is another of the degenerative diseases, and is a constantly increasing factor in the number of deaths in California although in the last four years the death rate per 100,000 estimated population has remained nearly stationary. There are 7451 deaths from this cause in 1932, with a rate of 125.3 per 100,000 estimated population and in 1933, 7677 deaths with a rate of 126.6. These may be compared with the figures for 1930 and 1931 with 7195 and 7411 deaths and 125.5 and 126.7 per 1000 estimated population, respectively. Rates for 1931, 1932 and 1933 are purely provisional and may be changed when population figures are released after the next Federal census. Table O gives the deaths from cancer, with corresponding rates, for California from 1906 to 1933, inclusive.

Table O—Deaths from Cancer, California 1906–1933, Inclusive

Year	Number	Rate*
1906	1502	73.8
1907	1590	74.8
1908	1737	78.4
1909	1945	84.5
1910	1984	82.8
1911	2029	80.9

Year	Number	Rate*
1912	2306	88.1
1913	2565	94.2
1914	2687	94.8
1915	2776	94.4
1916	2879	94.4
1917	3085	97.7
1918	3199	98.0
1919	3519	104.3
1920	3780	106.9
1921	4025	107.2
1922	4484	112.8
1923	4702	112.1
1924	5114	115.9
1925	5278	114.0
1926	5638	116.2
1927	5927	116.9
1928	6403	121.0
1929	6518	118.3
1930	7195	125.5
1931	7411	126.7
1932	7451	125.3
1933	7677	126.6

* Number of cancer deaths per 100,000 population.

Inspection of the above table shows that while there is an increase in actual numbers, the rates have been fairly stationary for the past four years. There is a total of 14,606 deaths from cancer during 1930 and 1931, while during the following biennium there are 15,128 such deaths. When the biennial rates are calculated, we find that for 1930 and 1931 the rate is 126.1 hundred thousand estimated population, while in 1932 and 1933 the rate is 126.0. This is the first time that there has been a stationary rate for deaths from cancer in two consecutive biennia. This is shown in the following table:

Table P—Biennial Rates for Cancer Deaths 1920–1933, Inclusive

Biennium	Number	Estimated population	Biennial rate
1920–1921	7,805	7,293,000	107.0
1922–1923	9,186	8,171,000	112.4
1924–1925	10,392	9,049,000	114.8
1926–1927	11,565	9,927,000	116.5
1928–1929	12,921	10,806,000	119.6
1930–1931	14,606	11,580,000	126.1
1932–1933	15,128	12,009,000	126.0

There seems to be a leveling off in the cancer death rate which may indicate that we have reached a point where appreciable increases in the ratio may not occur. As it is, during the last biennium, about one in every nine deaths is caused by cancer.

Cancer during these two years shows the usual distribution according to sex as there are more deaths among females than among males. Out of the 7677 cancer deaths in 1933, 4054 were females and 3623 males. In 1932 there was approximately the same proportion, for of 7451 cancer deaths 3978 were females and 3473 were males.

Table F shows that 88.8 per cent of the population in 1930 are whites, and yet an analysis of cancer deaths by race shows that 94.1 per cent of such deaths are among people of the white race. It may be that people of the white race have a longer average life span, although figures to prove this are not available, and if so would account for the higher percentage of cancer deaths among whites.

The number of deaths from cancer classified as to site of the primary growth shows some variation among the different sites. There is an increase over the previous biennium in cancers originating in the digestive tract and peritoneum, in cancers of the female genital organs, cancer of the breast and cancers in organs other than in special sites listed separately and of unspecified location. Some of these increases are slight in number, as is the decrease among cancers of the buccal cavity and pharynx and cancers of the skin. The total number of cancers in the last two biennia and distribution according to the site of the primary lesion is shown in Table Q.

Table Q—Cancer According to Site of Primary lesion 1930 and 1931, 1932 and 1933

Site	Biennium 1930–1931	Biennium 1932–1933
Cancer, all locations	14,606	15,128
Buccal cavity and pharynx	503	496
Digestive tract and peritoneum	6,851	7,166
Female genital organs	2,002	2,104
Breast	1,519	1,619
Skin	320	306
Other organs and unspecified	3,311	3,437

SUSCEPTIBILITY TO COLDS VARIES

By Dr. Wilson G. Smillie, Professor of Public Health Administration, Harvard University School of Public Health

Are drafts likely to produce colds?

Yes, certainly in a susceptible individual. Here again it is a question of chilling of the body surface. A man can work all day in a strong chilly wind, and if active and warmly clad, he will not catch cold; on the other hand, a person may be working quietly in a warm still room with a constant draft of not very cold air on the back of the neck. In susceptible persons this may produce a cold.

Is it possible to harden oneself so that one does not feel the cold? Yes, certainly. Crippled children in chronic hospitals are trained to live outdoors, almost naked, winter and summer. If you visit such a hospital in winter, you will be astonished to find the children on the veranda with snow all about, with no clothing but trunks and not even a blanket covering them. They are warm and comfortable while you stand around in an overcoat and shiver.

Many persons take cold baths to harden themselves against sudden changes in temperature. They feel perfectly sure that this method prevents them from catching cold. Cold baths are certainly stimulating, but it must be remembered that they are without benefit unless they are followed by a good reaction with flushing of the skin and a feeling of warmth.

Just as we have gone through the painful process of hardening our bodies against cold weather by gradual exposure to cold, sleeping on outdoor porches and taking cold baths, the skeptical scientist comes along and tells us that there is not the slightest evidence that any or all our efforts have the least effect in preventing us from catching cold.

MORBIDITY

Complete Reports for Following Diseases for Week Ending January 19, 1935

Chickenpox

578 cases: Alameda County 15, Alameda 2, Berkeley 13, Oakland 47, San Leandro 5, Butte County 3, Colusa County 2, Contra Costa County 3, Fresno County 8, Fresno 2, Eureka 4, Imperial County 3, Calexico 3, El Centro 1, Kern County 17, Bakersfield 2, Hanford 1, Los Angeles County 20, Arcadia 4, Beverly Hills 3, Burbank 4, Claremont 2, El Segundo 4, Glendale 1, Long Beach 8, Los Angeles 69, Manhattan 1, Monrovia 1, Montebello 1, Pasadena 6, Pomona 17, Redondo 1, Torrance 2, South Gate 5, Monterey Park 1, Madera County 2, Madera 4, Ross 2, San Rafael 9, Orange County 13, Anaheim 1, Brea 5, Newport Beach 1, Riverside County 3, Riverside 37, Sacramento County 5, Sacramento 19, San Bernardino County 2, San Diego County 28, Chula Vista 4, La Mesa 1, National City 3, San Diego 30, San Francisco 32, San Joaquin County 5, Stockton 1, Arroyo Grande 2, San Luis Obispo 1, Burlingame 1, Daly City 3, Santa Barbara County 5, Santa Barbara 2, Santa Maria 6, Santa Clara County 1, Palo Alto 4, San Jose 7, Santa Cruz 1, Shasta County 1, Redding 1, Vallejo 1, Sonoma County 5, Stanislaus County 13, Red Bluff 3, Tulare County 2, Tulare 1, Ventura County 10, Fillmore 1, Santa Paula 5, Yolo County 4, Davis 4, Winters 3, Woodland 3.

Diphtheria

56 cases: Contra Costa County 1, El Centro 1, Los Angeles County 5, Los Angeles 21, Lynwood 1, Salinas 1, Orange County 2, Anaheim 1, Santa Ana 1, Corona 2, Riverside 2, Sacramento 1, San Bernardino 2, San Diego County 2, El Cajon 2, San Diego 6, San Francisco 1, Santa Barbara 1, Santa Clara 1, Tulare County 1, Ventura County 1.

German Measles

67 cases: Berkeley 2, Placerville 1, Fresno County 1, Los Angeles County 4, Glendale 1, Long Beach 3, Los Angeles 16, Whittier 1, South Gate 2, King City 2, Riverside 5, San Francisco 2, San Joaquin County 2, Stockton 1, Tracy 1, San Luis Obispo County 2, Paso Robles 10, San Mateo County 1, Santa Barbara County 1, San Jose 6, Redding 1, Sonoma County 1, California 1.*

Influenza

258 cases: Berkeley 2, Oakland 3, Amador County 1, Los Angeles County 21, Beverly Hills 1, Claremont 1, El Segundo 1, Glendale 8, Inglewood 2, Long Beach 3, Los Angeles 161, Pasadena 5, Pomona 3, Redondo 1, San Fernando 1, San Marino 2, Santa Monica 5, Whittier 8, Orange County 1, Anaheim 1, Fullerton 1, Santa Ana 3, Riverside 3, San Bernardino County 6, San Bernardino 1, San Diego 1, San Francisco 2, San Jose 4, Sonoma County 2, Yolo County 3, Winters 1.

Measles

239 cases: Alameda County 1, Oakland 1, San Leandro 1, Calaveras County 1, Colusa 1, Antioch 2, Del Norte County 30, Fresno County 3, Fresno 2, Arcata 19, Eureka 4, Kern County 1, Los Angeles County 6, Beverly Hills 1, Burbank 1, Claremont 1, Huntington Park 2, Los Angeles 10, Pasadena 1, Merced County 1, Orange County 6, Anaheim 6, Orange 14, Redlands 1, San Diego County 1, Oceanside 1, San Francisco 1, San Joaquin County 15, Stockton 44, Santa Barbara County 6, Santa Barbara 3, Santa Maria 16, Santa Clara County 2, Gilroy 1, Willow Glen 2, Santa Cruz 10, Shasta County 1, Sonoma County 2, Tulare County 12, Exeter 2, Ventura County 1, Santa Paula 2, Yolo County 1.

Mumps

212 cases: Alameda County 3, Alameda 4, Hayward 8, Oakland 8, San Leandro 1, Fresno county 5, Fresno 1, Los Angeles County 1, Burbank 20, Long Beach 1, Los Angeles 5, Pasadena 1, San Fernando 1, Torrance 1, Bell 1, Corte Madera 1, Ross 3, Los Banos 2, Nevada County 1, Anaheim 1, La Habra 1, Placentia 2, Sacramento County 6, Sacramento 5, San Bernardino County 2, San Diego County 1, San Diego 1, San Francisco 17, San Joaquin County 10, Lodi 35, Stockton 6, Tracy 2, Arroyo Grande 1, San Luis Obispo 3, Santa Barbara County 12, Santa Barbara 1, Santa Maria 14, Santa Clara County 1, San Jose 2, Stanislaus County 6, Modesto 3, Tulare County 2, Tuolumne County 9, Davis 1.

Pneumonia (Lobar)

100 cases: Berkeley 2, Oakland 8, Richmond 1, Hanford 2, Los Angeles County 5, Glendale 3, Long Beach 2, Los Angeles 39, Pasadena 1, Santa Monica 2, South Gate 1, Maywood 1, Madera 1, Anaheim 2, Santa Ana 2, Sacramento County 2, Sacramento 4, San Bernardino County 1, San Bernardino 2, San Diego County 2, San Diego 2, San Francisco 10, Stockton 1, San Luis Obispo County 1, Santa Clara County 1, Yolo County 1, California 1.*

Scarlet Fever

302 cases: Alameda 9, Berkeley 2, Emeryville 1, Oakland 8, Amador County 1, Colusa County 1, Crescent City 1, Fresno County 2, Eureka 2, El Centro 1, Kern County 3, Lakeport 1, Los Angeles County 23, Alhambra 5, Beverly Hills 1, Burbank 2, Compton 2, El Segundo 1, Glendale 1, Huntington Park 2, Long Beach 2, Los Angeles 64, Monrovia 1, Montebello 1, Pasadena 3, Pomona 1, Redondo 2, San Fernando 1, South Pasadena 2, Whittier 1, Lynwood 1, Hawthorne 1, South Gate 3, Marin County 1, San Rafael 1, Monterey County 3, Pacific Grove 1, Nevada City 5, Orange County 2, Newport Beach 1, Santa Ana 4, Riverside County 10, Corona 1, Riverside 1, Sacramento County 3, Sacramento 3, San Benito County 2, Colton 1, San Bernardino 2, San Diego County 6, Coronado 1, La Mesa 2, National City 3, San Diego 12, San Francisco 25, San Joaquin County 7, Stockton 3, Tracy 1, San Mateo County 1, Redwood City 2, Menlo Park 2, Santa Barbara County 1, Santa Barbara 2, Santa Clara County 3, Palo Alto 1, San Jose 19, Willow Glen 3, Sonoma County 1, Stanislaus County 1, Yuba City 3, Tulare County 4, Tulare 2, Tuolumne County 4.

Smallpox

9 cases: Los Angeles.

Typhoid Fever

8 cases: Contra Costa County 1, Placerville 1, Kern County 1, Sacramento County 2, Colton 1, San Francisco 1, California 1.*

Whooping Cough

135 cases: Berkeley 4, Oakland 1, San Leandro 3, Fresno County 1, Kern County 2, Los Angeles County 3, Burbank 4, Huntington Park 2, Long Beach 1, Los Angeles 11, San Fernando 6, South Gate 1, San Rafael 9, Fullerton 1, Huntington Beach 2, Orange 2, Santa Ana 9, Riverside 1, Colton 11, San Diego County 3, San Diego 5, San Francisco 18, Stockton 2, San Luis Obispo County 1, San Luis Obispo 1, South San Francisco 1, Santa Barbara County 5, Santa Barbara 9, Santa Maria 6, Santa Clara County 3, Palo Alto 3, Willow Glen 2, Tulare County 1, Winters 1.

Meningitis (Epidemic)

4 cases: Oakland 1, Los Angeles 2, San Jose 1.

Dysentery (Amoebic)

One case: Tulare County.

Dysentery (Bacillary)

2 cases: Los Angeles 1, Santa Maria 1.

Poliomyelitis

14 cases: Alameda 1, Livermore 1, Kern County 6, Bakersfield 1, Glendale 1, Los Angeles 2, Sacramento County 1, Sacramento 1.

Trachoma

2 cases: Los Angeles County 1, San Diego 1.

Jaundice (Epidemic)

One case: Los Angeles County.

Food Poisoning

One case: San Francisco.

Undulant Fever

One case: Orange County.

Septic Sore Throat (Epidemic)

2 cases: Berkeley 1, San Bernardino County 1.

Rabies (Animal)

15 cases: El Cerrito 1, Los Angeles County 1, Beverly Hills 1, Inglewood 1, Long Beach 3, Los Angeles 1, Whittier 1, San Diego 2, San Joaquin County 3, Tulare County 1.

Till taught by pain
Men really know not what good water's worth
If you had been in Turkey or in Spain,
Or with a famished boat's crew had your berth,
Or in the desert heard the camel's bell,
You'd wish yourself where truth is—in a well.
—Byron.

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* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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California State Department of Public Health

W. M. DICKIE, M.D., Director

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Guy P. Jones
Editor

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